



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

Division of Pesticide Control

P.O. Box 2042, Concord, NH 03302-2042

(603) 271-3550

**FEE: \$20
NON-REFUNDABLE**

DEALER REGISTRATION APPLICATION

1. REGISTRATION TYPE: _____ Initial

2. APPLICANT'S NAME _____ HOME PHONE _____

APPLICANT HOME ADDRESS _____

_____ ZIP _____

3. DEALERSHIP NAME _____ WORK PHONE _____

MAILING ADDRESS _____

_____ ZIP _____

4. TYPE OF DEALER:

_____ A) FARM SUPPLY _____ C) HARDWARE _____ E) MFG REP

_____ B) GARDEN CENTER _____ D) DEPT STORE _____ F) OTHER

Describe your storage area: _____

5. * Storage facility shall meet the requirements of PES 803-Dealer Storage of Pesticides and Containers*

6. LIST THE NAMES AND ADDRESSES OF THE OWNERS, OFFICERS, OR TRUSTEES OF THE FIRM.

NAME

ADDRESS

7. ARE YOU A RESIDENT OF NEW HAMPSHIRE: Yes _____ No _____
IF NO, PROVIDE THE NAME AND ADDRESS OF A PERSON WHOSE DOMICILE IS IN THE STATE OF NEW HAMPSHIRE AND WHO IS AUTHORIZED TO RECEIVE AND ACCEPT SERVICES OF SUMMONSES AND LEGAL NOTICES OF ALL KINDS ON YOUR BEHALF.

NAME OF LEGAL REPRESENTATIVE _____

ADDRESS OF LEGAL REPRESENTATIVE _____

8. SIGNATURE OF APPLICANT _____ DATE: _____

FOR DIVISION USE ONLY

Approved by: _____
Director-Division of Pesticide Control

Approved on: _____
Date